

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6		5		4		
7		5		4		
8		5		4		
9		5		4		
10		5		4		
11		5		4		
12		5		4		
13	1		1			
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		5				
21		5				
22		5				
23		1				
24		1				
25		1				
26	1					
27	1					
28	1					
29	1					
30		2				
31	1					
32	1					
33	1					
34		3				
35		3				
36		3				
37		3				
38		3				
39	1					
40	1					
41		1				
42		1				
43		2				
44		1				
45		1				
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	20					
TOTAL DEP.	82					
TOTAL CLAIMS	102					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53		1				
54		1				
55		1				
56		1				
57	1					
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5					
TOTAL DEP.	12					
TOTAL CLAIMS	17					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

$$102 + 17 = 119$$

BEST AVAILABLE COPY